

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		<b>Attorney Docket Number</b>	12361-18US
		<b>First Named Inventor</b>	VISRAM, Naheed
<b>COMPLETE IF KNOWN</b>			
		<b>Application Number</b>	
		<b>Filing Date</b>	
		<b>Art Unit</b>	
		<b>Examiner Name</b>	

As the below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first Inventor of the subject matter which is claimed and for which a patent is sought on the Invention entitled:

**SURGICAL PERFORATION DEVICE WITH ELECTROCARDIOGRAM (ECG) MONITORING ABILITY AND METHOD OF USING ECG TO POSITION A SURGICAL PERFORATION DEVICE**

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)   as United States Application Number or PCT InternationalApplication Number   and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, Inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, Inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

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**Name****Address****City****State****ZIP****Country****Telephone****Fax**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name <b>Naheed</b> (first and middle [if any])	Family Name <b>VISRAM</b> or Surname
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Inventor's Signature 	Date <b>21 /Jan /2004</b>
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Markham Residence: City	Ontario State	Canada Country	Canadian Citizenship
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2 Buttonfield Rd

**Mailing Address**

Markham City	Ontario State	L3R 9E9 ZIP	Canada Country
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**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name <b>Krishan</b> (first and middle [if any])	Family Name <b>SHAH</b> or Surname
--	---------------------------------------

Inventor's Signature 	Date
--	------

Mississauga Residence: City	Ontario State	Canada Country	Canadian Citizenship
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5102 Duris Road

**Mailing Address**

Mississauga City	Ontario State	L5M 2C7 ZIP	Canada Country
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Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

(Page 2 of 2)

Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

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<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	Application Number <input type="text" value="n/a"/> Filing Date <input type="text"/> First Named Inventor <input type="text" value="VISRAM, Naheed"/> TISo <input type="text" value="Surgical Perforation Device ..."/> Group Art Unit <input type="text"/> Examiner Name <input type="text"/> Attorney Docket Number <input type="text" value="12361-18US"/>
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I hereby appoint:											
<input checked="" type="checkbox"/> Practitioners at Customer Number <input type="text" value="020988"/> → <input style="border: 1px solid black; width: 100px; height: 20px; vertical-align: middle; margin-left: 10px;" type="text"/> Place Customer Number Bar Code Label here											
OR											
<input type="checkbox"/> Practitioner(s) named below:											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Name	Registration Number								
Name	Registration Number										
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Country <input type="text"/>											
Telephone <input type="text"/> Fax <input type="text"/>											
I am the:											
<input checked="" type="checkbox"/> Applicant/Inventor.											
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</i>											

<b>SIGNATURE of Applicant or Assignee of Record</b>	
Name <input type="text" value="Naheed Visram"/>	
Signature	
Date <input type="text" value="21 / Jan / 2004"/>	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of  forms are submitted.

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PTO/SB/81 (02-01)

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	n/a
Filing Date	
First Named Inventor	VISRAM, Naheed
Title	Surgical Perforation Device ...
Group Art Unit	
Examiner Name	
Attorney Docket Number	12361-18US

I hereby appoint:

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name Krishan Shah

Signature

Date

3 AN 20 2004

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